





Mental Health in Schools Community Partnership Common Barriers Identified Across Statewide Steering Committee and Pilot Sites

Statewide Steering Committee Priorities	Pilot Site Reports (per quarterly reports and observations from Robin, Lauren, & Jim)	Pilot Site Challenges Identified on Formal Assessment (Healthy School Report Card)
Support and Intervention Services		
 Providing education for teachers, staff, parents, and direct care providers to increase awareness of mental health behaviors, early identification, and response to mental health needs. Creating a support system for educators to engage and re-engage all students Appropriate and Constructive Discipline-leading parents	 All staff, including support staff, needs training in MH issues students face, and how to make referrals. School counselors are primarily involved with academic counseling and scheduling, with no time left for student mental health. 	 10.3a. Students are periodically assessed for social and emotional development. 10.3b. Early intervention is provided for students who may have mental health or substance abuse problems, including the potential to commit violent acts. 10.3c. Staff members are trained in early identification of signs of deteriorating behavior or academic problems indicative of mental health or substance abuse problems. 10.3d. A team of mental health and health services professionals recommends interventions or alternative placements for students with behavior or learning problems. 10.3e. Support groups are provided for students dealing with personal issues that interfere with learning (e.g., family conflict, parental divorce, parental substance abuse and addiction, stress, grief and loss, teen parenting, weight problems, eating disorders, smoking cessation). 10.3f. Students who are at risk have access to on-site mental health or case management services, including social worker and probation officer support.
 Reducing stigma; changing the way people think about and respond to mental health issues (including use of ineffective/inappropriate disciplinary referral and interventions) Creating a support system for educators to engage and re-engage all students 	No disciplinary options in lieu of suspension/ expulsion.	 10.4a. Students who violate the student code of conduct due to tobacco, alcohol, or other drug use; violence; bullying; intimidation; and harassment can volunteer to attend intensive school-based intervention programs instead of suspension. 10.4b. Students who commit tobacco-related offenses are subject to alternative methods of discipline such as community service or monetary fines instead of suspension. 10.4c. Students at risk of alcohol and other drug dependency, committing violent acts, or mental health problems are referred to community agencies for assessment and treatment.
Strategic Planning and Evaluation		
Documenting the problem adequately and connecting the problem to learning outcomes (e.g., MEAP, meeting AYP)	Academic performance is the primary mandate for the schools; work on other goals (even worthy ones like mental health) takes resources such as time and staff away from the primary mandate.	 1.2a Strategic plans are periodically developed for all aspects of the health program, including coordination. 1.2b Confidential student health indicator data are collected at least once every two years and are carefully considered when determining strategic plan objectives and activities. 1.2c Results of periodic health program needs and status assessments are carefully considered in the strategic planning process. 1.2d Progress toward implementing health program strategic plan is monitored regularly. 1.2e Benefits of school health program to participants (e.g., better health), schools (e.g., improved attendance), and school district (e.g., reduced costs) are identified and reported.